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CONFIRMATION NO. 6975

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**\*\* CONTINUING DATA \*\*\*\*\*** /KCM/  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** /KCM/  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***  
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Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance KCM	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 53	<b>TOTAL CLAIMS</b> <del>30</del>	<b>INDEPENDENT CLAIMS</b> <del>19</del>
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				3 /KCM/	2 /KCM/
Verified and /KRISTEN CLARETTE MATTER/ Acknowledged Examiner's Signature	Initials				

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**TITLE**  
 Movement facilitation device

<b>FILING FEE RECEIVED</b> 2115	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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